

Board of Chiropractic Examiners

2525 Natomas Park Drive, Suite 260

Sacramento, CA 95833

Telephone (916) 263-5355 FAX (916) 263-5369

CA Relay Service TT/TDD (800) 735-2929

Consumer Complaint Hotline: (866) 543-1311

<http://www.chiro.ca.gov>

Certification of Licensure and State Endorsement

ALL BLANKS MUST BE COMPLETED. IF NOT APPLICABLE, ENTER N/A

Name of Applicant:					
Address:	Number	Street	City	State	Zip Code

License Certification	
State, province or territory completing this endorsement _____ License number: _____	
License issue date: _____ Expiration date: _____ License status: _____ <small>(active, inactive, cancelled, suspended, etc.)</small>	
Has any disciplinary action ever been filed or taken, including but not limited to, informal or confidential discipline, consent orders, or letters of warning? <input type="checkbox"/> Yes <input type="checkbox"/> No	
IF YES, ATTACH AN EXPLANATION OR A CERTIFIED COPY OF THE DISCIPLINE TAKEN	

Examination Criteria	
How was the applicant granted licensure in your state? <input type="checkbox"/> Examination <small>(If by examination, please complete the results sections below)</small>	
<input type="checkbox"/> Reciprocity/Endorsement <small>from which state _____</small>	
<input type="checkbox"/> Other <small>(If selected, please attach an explanation)</small>	
Written examination results:	
SUBJECT	SCORE ATTAINED

Practical or clinical examination results: (Note: California's examination includes sections in x-ray, clinical competency, adjustive technique, and physiotherapy)

SUBJECT	SCORE ATTAINED
X-Ray	
Clinical Competency	
Adjustive Technique	
Physiotherapy	

BOARD CERTIFICATION

I hereby certify under penalty of perjury, that the foregoing information is true and correct. I further certify that the state, province, or territory of _____ agrees to grant reciprocal licensure to California chiropractic licensees possessing similar qualifications on a substantially equal endorsement basis.

(name of State)

Signature

Print or type name

()

Telephone number

Date

Title

AFFIX BOARD SEAL